

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 11:59 am, Sep 17, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.			
DATAMASTER SN 201300	•	DATE OF INSPECTION 09/14/2009	
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse St. James, Mo. 65559		TIME OF INSPECTION 0712hrs	
CHECKLIST: Place a check (<) to the left of each item if found in observed values where determined.) Unchecked items must be		within established limits. (Write	
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)			
☑ COMPUTER	DETECTOR		
☑ program	7 FILTERS		
☑ HEATERS SAMPLE CHAMBER °C	☑ QUARTZ STANDARD		
☑ FLOW DETECTOR	☑ CALIBRATION		
☑ PUMP HIGH SPEED	PRINTER		
☑ INDICATOR LIGHTS			
☑ TIME AND DATE			
SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.0 degrees C			
☑ CALIBRATION CHECK -			
	must be within ± 5% of the star	ndard value and must have a	
Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE			
RECIRCULATION PUMP)			
☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE			
0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)			
TEST 1 .100 TEST 2	.101 TEST 3	.101	
	.101	.101	
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)			
M NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)			
REFUSALS 1 (004) 0 (.0509) 1	(.1014) 0 (.1519)	0 (Over .19) 0	
List any new parts and describe any alteration or modification	that was made to restore the instr	ument to operate satisfactorily	
and within established limits (use other side if necessary)			
Instrument operating within DOH Specifications.			
REPKO MKTG100% solution Exp. October 13, 2010 Lot #08002			
INSPECTING OFFICER			
IGNATURE	PRINT NAME		
more engl	Timothy C. McDonald #1102		
YPE II PERMIT NUMBER/EXPIRATION DATE (320160 05/12/2010	· · · · · · · · · · · · · · · · · · ·		
/MUTUU UU IM/MUTU	[{J/J/J/40J~/014		

CERTIFICATE OF ANALYSIS

Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/-.2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President

RepCo Marketing, Inc.

FACE THIS SIDE DOWN - THIS EDGE IN FIRS

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201300

TESTING OFFICER:

MCDOMALD/TIMOTHY/C
OFFICER I.D.: 1102
PERMIT MUMBER: 820160
EXPIRATION DATE: 05/12/10
MISCELLANEOUS DATA:

--- SUPERVISOR MODE -

BLANK TEST	. 609	67:12
INTERNAL STANDARD	VERIFIE	07:12
EXTERNAL STANDARD	. 199	07:13
BLOWK TEST	. 989	87:13
EXTERMAL STAMOARD	. 181	87114
BLANK TEST	.000	97:14
EXTERNAL STANDARD	. 191	07:15
BLANK TEST	. 866	87:15

JN = 3 SIM. = .1 ANG. = .1806

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BAC DataMaster

Evidence Ticket

^{SSSS} STATE OF MISSOURI SHINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL HUMBER 201300 09/14/09

ARREST TIME: 06:00
SUBJECT MAME:
MCLOVIN
DOB: 09/02/92
STATE/D.L.: HI/12345
ARRESTIMS OFFICER:
MCDONALD/TIMOTHY/C
OFFICER I.D.: 1102
TESTIMG OFFICER:
MCDONALD/TIMOTHY/C
UFFICER I.D.: 1102
FEMALE HOMBER: 524160
EXHIRMION DATE: 65/12/10
MUSCELLMIEOUS DATA:
RFI TEST

--- BREATH AMALYSIS ----

REDIO INTERFERENCE

OPERATOR SIGNATURE

CARD STK #

REORDER ALL SUPPLIES-FROM N.P.A.S.

60036 2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

OPERATOR SIGNATURE

CARD STK # 60036

REORDER ALL SUPPLIES FROM N.P.A.S.

2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

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BAC DataMaster

Evidence Ticket

STATE OF MISSOUR) SAINT JAMES POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201300 09/14/09 07:16

--- DIRENOSTIC CHECK ---

COMPUTERS

OKAY

PROGRAM (84-07-2089):

OKAY

HEATERS

SAMPLE CHAMBER:

495

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTORS

QKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST

.:^#\$%&^()*+,-./0123456789:;<=>?@ABCDEF6 HIJKLMNOPQRSTUVWXYZ[\]^_^abcdefghijklmno borstuvwxuz{|}}*

OPERATOR SIGNATURE

CARD STK # 60036

REORDER ALL SUPPLIES FROM N.P.A.S.

2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

State of Missouri DEPARTMENT OF HEALTH





TIMOTHY MCDONALD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s): DATAMASTER

DATAMASTER	and of expired (alveolar)
for the determination of the alcoholic conte air. Issued under the provisions of sections	ont of blood from a sample of expired (alveolar) a 577.020 through 577.041, RSMo 1986.
Date05/12/08	Director of State Public Health Laboratory
Number 820160	
Expires .05/12/2010	Director, Department of Health Lab. 4 (R7-88)

MO 580-0771 (7-88)